



AUGUST 30 — SEPTEMBER 26, 2010
4 WEEK ONLINE COURSE

COGNITIVE IMPAIRMENT & THE IMPLICATIONS FOR SUBSTANCE ABUSE TREATMENT

REGISTRATION DEADLINE AUGUST 27, 2010

This course will review what is currently known about cognitive impairment that results from drug use and will discuss ways that treatment protocols can be modified to address cognitive impairment.

OBJECTIVES

- Increase your understanding of the different structures and functions of the brain;
- Raise your awareness of how drugs of abuse impact cognitive systems;
- Generate understanding of the types of impairments which occur and the implications for treatment
- Increase understanding of the types of modifications which need to be made to treatment protocols to increase client retention and success.

ONLINE COURSE DETAILS

Enrollment: First come-first serve*

Enrollment Limit: 25 Maximum (*No waiting list.*)

Instructor: Barbara Sullivan, Ph.D.

Contact Hours: 8

*This is a weekly modular course in which it is required that participants need to login weekly, read the specified module and complete weekly homework assignments to receive a passing grade/certificate. **Participants are not required to login at specific hours.***

REGISTRATION DEADLINE

August 27, 2010

COST

\$40.00 -OR- Group Registration of 5 for \$150

No refunds

CERTIFICATE

Certificate will be mailed to address on form to those who pass all coursework within four weeks after the course. No partial CEHs are available. Instructor is responsible for grading and all grades are Pass/Fail. This course is worth 8 contact hours. NAADAC #00259.

**This course is sponsored by the Mountain West ATTC, and is offered to professionals working in substance abuse treatment and the related fields in the Mountain West ATTC region. Mountain West ATTC regional professionals will be given preference.*



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Addiction Technology Transfer Center Network
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**REGISTRATION & PAYMENT INFORMATION MUST BOTH BE SUBMITTED BY THE
AUGUST 27, 2010 DEADLINE IN ORDER TO BE ENROLLED INTO THE COURSE**



REGISTRANT INFORMATION

Please indicate registration type: ☐ Individual (\$40.00) ☐ Group (total of 5 participants for \$150)*

Name of Registrant or Primary Contact for Group Registration: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone:(____) _____ Fax:(____) _____

Work Phone:(____) _____ Email: _____

Please indicate which state you currently work in (check all that apply):

☐ CO ☐ ID ☐ NV ☐ MT ☐ UT ☐ WY Other: _____

GROUP REGISTRATION INFORMATION ONLY

Please provide the following information for the additional four people in your group.

Name of Registrant: _____ Email: _____

Name of Registrant: _____ Email: _____

Name of Registrant: _____ Email: _____

Name of Registrant: _____ Email: _____

**To qualify for this discount, please note you must have a total of 5 participants. Please indicate a primary contact person as well as supply each additional person's name and email information in the space provided above.*



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PLEASE CONTINUE ON NEXT PAGE FOR PAYMENT

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PAYMENT INFORMATION

Please note there are no refunds.

Name of Registrant or Primary Contact for Group Registration: _____

Registration Type: ☐ Individual ☐ Group

Payment Type: ☐ Credit Card ☐ Check (Make check payable to: Board of Regents)

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____

Billing Zip: _____

Card Security Code: _____

Authorized Signature: _____

CONFIRMATION

A confirmation will be sent with information on how to access the online course by August 27, 2010.

INSTRUCTIONS

**EMAIL THE REGISTRATION PORTION OF THIS FORM TO RESERVE A SEAT ASAP TO [JTIEMAN@CASAT.ORG](mailto:jtieman@casat.org)
PLEASE DO NOT EMAIL CREDIT CARD INFORMATION. IT CANNOT BE ACCEPTED PER PCI COMPLIANCE.**

PLEASE SEND THE PAYMENT PORTION OF THIS FORM VIA FAX (775.784.1840)

-OR-

MAIL TO:

**UNIVERSITY OF NEVADA, RENO
ATTN: JULIE TIEMAN
800 HASKELL, FIRST FLOOR
RENO, NV 89509**



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